PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09836238

CLAIMS AS FILED - PART (Column 1)						(Column 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			25				RA	TE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASE	C FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			25 minus 20=		• 5		X\$	9=		OR	X\$18=	90	
INDEPENDENT CLAIMS			5 minus 3 =		. 2		X4	0=	'	OR	X80=	160	
MULTIPLE DEPENDENT CLAIM PRESEN							+13	 35=		OR	+270=		
* If the difference in column 1 is less than zero, enter					"O" in c	TO	ΓAL		OR	.TOTAL	960		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								ALL	ENTITY	OR	OTHER SMALL	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 26	Minus .	. 2	5	= (X\$	9=		OR	X\$18=	250 01	
	Independent	• 5	Minus	•••	5	= _	X4	0=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							5=		OR	+270=		
BEST-AWAILABLE-CORW								OTAL FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)	AUDIT.	reet			ADDIT. FEEL						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	X\$	9=		OR	X\$18=		
	Independent	·	Minus	***		=	X40)=		OR	X80=		
	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDENT	CLAIM		+13	5=		OR	+270=		
							TO ADDIT.)TAL FEE		OR	TOTAL ADDIT, FEE	,	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	X\$	9=		OR	X\$18=		
	Independent	· .	Minus	•••		=	X40)=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
		nber Previously Pa					er found in t	ne app	propriate box	in col	umn 1.		